Episode 046: Do I have Schizophrenia?

Ariana Cunningham, M.D., David Puder, M.D.,

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DAVID PUDER, M.D.
PSYCHIATRY & PSYCHOTHERAPY

There are no conflicts of interest for this episode.

Clinical manifestations

Many people worry that they have schizophrenia. I receive messages or inquires often of people asking about symptoms and manifestations. If you have those types of questions, or if you're a mental health professional who needs to brush up on symptoms and medications, this article should help you.

There are many clinical observations of how schizophrenia presents itself. Cognitive impairments usually precede the onset of the main symptoms[1], while social and occupational impairments follow those main symptoms.

Here are the main symptoms of schizophrenia:

- **Hallucinations:** a perception of a sensory process in the absence of an external source. They can be auditory, visual, somatic, olfactory, or gustatory reactions.
- Most common for men *"you are gay"*
- Most common for women *"you are a slut or whore"*
- **Delusions:** having a fixed, false belief. They can be bizarre or non-bizarre and their content can often be categorized as grandiose, paranoid, nihilistic, or erotomanic
- Erotomania = an uncommon paranoid delusion that is typified by someone having the delusion that another person is infatuated with them.
- This is a common symptom, approximately 80% of people with schizophrenia experience delusions.
- Often we only see this from their changed behavior, they don't tell us this directly.
- **Disorganization:** present in both behavior and speech.
- Speech disorganization can be described in the following ways:

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- *Tangential* speech – The person gets increasingly further off the topic without appropriately answering a question.
- *Circumstantial* speech – The person will eventually answer a question, but in a markedly roundabout manner.
- *Derailment* – The person suddenly switches topic without any logic or segue.
- *Neologisms* – The creation of new, idiosyncratic words.
- *Word salad* – Words are thrown together without any sensible meaning.
- *Verbigeration* – Seemingly meaningless repetition of words, sentences, or associations
- To note, the most commonly observed forms of abnormal speech are tangentiality and circumstantiality, while derailment, neologisms, and word salad are considered more severe.
- **Cognitive impairment:**
- Different processing speeds
- Verbal learning and memory issues
- Visual learning and memory issues
- Reasoning/executive functioning (including attention and working memory) issues
- Verbal comprehension problems
- **Mood and/or anxiety:** mood and anxiety disorders occur at a higher rate in schizophrenic patients than in the general population, and for this reason it is important for providers to . Estimates of the lifetime prevalence of depression in schizophrenia vary widely—from 6 to 75%—based on differing study characteristics including varying definitions of depression, patient settings, and durations of observation (Conus et al, 2010; Hausman et al, 2002; McRenolds, 2013). There is a higher prevalence of anxiety in patients with early-onset schizophrenia than in patients with later onset.
- **Suicidality:** People with schizophrenia have a higher rate of suicide than the general population. Generally, 5% of 10% of all completed suicides are people with schizophrenia (Hor et al, 2010; Arsenault et al, 2004).

There are also some associated signs we want to make sure you are aware of, even though they aren't considered central to the diagnosis of schizophrenia:

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- Neurological signs aka “soft signs” include slight impairments of sensory integration and motor coordination (Heinrichs et al, 1988). Some examples of this include: R-L confusion, agraphesthesia (the inability to recognize letters or numbers traced on the skin, usually on the palm of the hand), olfactory dysfunction, astereognosis (the inability to identify familiar objects by touch alone). Be sure if you see one of these symptoms that you consider the possibility that they could be a side effect of medications.
- Catatonia is another important state sometimes associated we would like you to be familiar with. A helpful tool to use when evaluating a patient is the Busch Francis Catatonia rating scale which lists all the criteria associated with catatonia and 0-3 rating scale for each.
- Interestingly, another association we see in people with schizophrenia is that there are higher rates of diabetes, hyperlipidemia, and hypertension. In fact the life expectancy is reduced 10-20 years compared with the general population. The main medical mortality is heart disease.

In conclusion

On the podcast episode, we discuss the clinical manifestations of schizophrenia and what you would be looking for when making a diagnosis. The more we understand about this disorder—how the symptoms manifest, in what order they often present, and how to differentiate these signs from adverse drug reactions, and expected comorbidities—the better. Improved understanding of this will improve diagnosis and equip providers to implement treatment sooner, thus improving the prognosis and projected functionality of patients with schizophrenia.

In the next podcast we will be discussing the following topics:

- How the disease progresses?
- DSMV definition and diagnostic criteria
- Differential diagnoses
- Symptom management:
- Pharmaceutical
- Non pharmaceutical

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Here are some further episodes on schizophrenia:

How Psychiatric Medications Work with Dr Cummings

Schizophrenia with Dr. Cummings

Schizophrenia in Film and History

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